

Comhairle Siorrachd
Chlach Mhanann

Ref No :	
Acknowledged :	

Decision:

Early Entry Request Form

Please **return this form no later than 1 February** to the establishment your child currently attends.

Section A

(To be completed by parent/guardian)									
1.									
	Surname					(Mr	Mrs	Ms	Miss)
	Forename								
	Home Address								
	Postcode			Daytime Te	elephone No.				
	Email address								
2.	Child's Details	i							
	Surname				Date of Birtl	h			
	Forename					Ma	ale 🛚	Fe	male 🛚
3.	3. Details of Early Learning and Childcare(ELC) Experiences								
	ELC setting/chil attended			Dates		С	Full- am/ Day of tl	/pm	ek
4. School to which Early Entry Request is sought									
					Primary	School			

Please state your reason(s) for seeking an Early Entry Request and comment on the following aspects of your child's learning and development

Approach and attitude to learning
Ability to communicate our feelings and ourses ideas confidently.
Ability to communicate own feelings and express ideas confidently
Levels of independence and self-help
Emotional and personal development including self-confidence and esteem
Preferred learning style and stage of development
Ability to take part in convergations and discussions within a range of groupings and
Ability to take part in conversations and discussions within a range of groupings and situations
Progress within the early years curriculum
Other information
Other Information
I confirm that I have discussed this early entry request with my child's nursery and a member of the School Management Team
I have read and understood the statement made on transport costs in the information booklet.
Signature of parent/guardian Date

Section B

(to be completed by Head/Manager of ELC setting)

It is important that all decisions about early entry are made in the context of the ongoing profiling of the child and dialogue with the parent/guardian.

Please ensure that you discuss the early entry request with the parent, the member(s) of early years staff most closely involved with the child and a member of the School Management Team.

Name of Child :	Date of Birth :		
Position in Family :	Male/Female :		
Name of Parent/Guardian :			
School Requested :			
ELC Experience :			
 In making a decision as to whether you support this application, please consider the following: Whether the child's learning and development would be best met within an early years setting where the early childhood curriculum on offer is ideally suited to meeting the needs of young children Whether the particular primary school class to which the child would be admitted would be able 			
to provide education suited to the abilities and aptitud	es of the child		
Do you support the application for early entry for this	child	□ No	
Please give details of any information/views held with regard to this application and also comment on the following key aspects of the child's learning and development			
Approach and attitude to learning			
Ability to communicate own feelings and express ide	as confidently		
Levels of independence and self-help			

Emot	ional and personal development including self-confidence and esteem
Prefe	rred learning style and stage of development
11010	ned learning style and stage of development
Abilit situat	y to take part in conversations and discussions within a range of groupings and
Progr	ess within the early years curriculum
Other	rinformation
	I confirm that I have discussed the early entry request with the parent/guardian, the member(s) of staff most closely involved with the child and a member of the School Management Team
	I enclose a copy of the most recently completed Profiling documentation relating to this child
Signed	l Date